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U.S. APPLICATION NO. (if known, see 37 CFR 1.5)		INTERNATIONAL APPLICATION NO.		ATTORNEY'S DOCKET NUMBER											
10/559954		PCT/EP2004/006477		Le A 36 784											
21. The following fees are submitted:															
<input checked="" type="checkbox"/> a) Basic national fee..... \$300.00 <input checked="" type="checkbox"/> b) Examination fee..... \$200.00 <input checked="" type="checkbox"/> c) Search fee..... \$500.00			<table border="1"> <tr> <td>Applicant use</td> <td>Office use only</td> </tr> <tr> <td>\$ 300.00</td> <td></td> </tr> <tr> <td>\$ 200.00</td> <td></td> </tr> <tr> <td>\$ 500.00</td> <td></td> </tr> <tr> <td colspan="2">\$ 1,000.00</td> </tr> </table>			Applicant use	Office use only	\$ 300.00		\$ 200.00		\$ 500.00		\$ 1,000.00	
Applicant use	Office use only														
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\$ 1,000.00															
TOTAL OF ABOVE CALCULATIONS = \$1000.00															
<input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.															
Total Sheets	Extra sheets	Number of each additional 50 or fraction thereof (round up to a whole number)		RATE											
67 - 100 =	0 /50 =	0		x \$250.00											
Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e)).															
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE	\$											
Total claims	8 - 20 =	0	x \$50.00	\$ 00.00											
Independent claims	5 - 3 =	2	x \$200.00	\$ 400.00											
MULTIPLE DEPENDENT CLAIM(S) (if applicable)			0	+ \$360.00											
TOTAL OF ABOVE CALCULATIONS = \$ 1,400.00															
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2. Adjustment Date: 03/30/2006 WA/VARAD															
SUBJECT: 10559954-00000129 13-3372 10559954 + \$ 1,400.00 CR															
Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)). + \$ 400.00 CR															
TOTAL NATIONAL FEE = \$ 1,400.00 000001 13-3372 10559954 Sales Rate: 00000001 DAB: 133372 10559954 01 FC:1642 \$ 400.00 DA 02 FC:1616 360.00 DA															
TOTAL FEES ENCLOSED = \$ 1,400.00															
Amount to be refunded: <input type="checkbox"/> Amount to be charged <input type="checkbox"/>															
a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed. b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>13-3372</u> in the amount of \$ <u>1,400.00</u> to cover the above fees. A duplicate copy of this sheet is enclosed. c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>13-3372</u> . A duplicate copy of this sheet is enclosed. d. <input type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.															
NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.															
SEND ALL CORRESPONDENCE TO: Customer No. 35969															
Jeffrey M. Greenman Bayer Pharmaceuticals Corporation 400 Morgan Lane West Haven, CT 06516															
 SIGNATURE Susan M. Pellegrino NAME 48,972 REGISTRATION NUMBER															

RECEIVED ACCOMPLISHED DEPOSIT ACCOUNT NO.	
13	3372
1632	500
1644	700
1642	400
1616	360

BEST AVAILABLE COPY